

09/976538

ISSUE SLIP STAPLE AREA (for additional copies references)

POSITION	INITIALS	ID NO.	DATE
	SA		10-16-01
FEE DETERMINATION			
O.A.P.E. CLASSIFIER			10/27/01
FORMALTY REVIEW	NS	R02	11/16/01
RESPONSE FORMALTY REVIEW	SA	1027	03/06/02

INDEX OF CLAIMS

_____ Rejected
 _____ Allowed
 _____ (Through numeral)
 _____ Cancelled
 _____ Restricted
 _____ Non-elected
 _____ Withdrawn
 _____ Appeal
 _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
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If more than 150 claims or 10 sections
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